

MONTHLY BUY OUT RATES FOR RMT AND EGR EFFECTIVE JULY 1, 2005

NAME OF HEALTH PLAN	NON-MEDICARE PLANS											
	INDIVIDUAL COVERAGE						FAMILY COVERAGE					
	INDIVIDUAL	GROSS AMT.	FEDERAL	STATE	FEDERAL	NET	FAMILY	GROSS AMT.	FEDERAL	STATE	FEDERAL	NET
	FULL COST	25% OF F/C IND.	TAX (20%)	TAX (5%)	PLUS STATE TAX	AMOUNT	FULL COST	25% OF F/C FAM.	TAX (20%)	TAX (5%)	PLUS STATE TAX	AMOUNT
Commonwealth Indemnity Plan	\$606.41	\$151.60	\$30.32	\$7.58	\$37.90	\$113.70	\$1,413.71	\$353.43	\$70.69	\$17.67	\$88.36	\$265.07
Fallon Community Health Plan-Direct Care	320.07	80.02	16.00	4.00	20.00	60.02	767.55	191.89	38.38	9.59	47.97	143.92
Fallon Community Health Plan-Select Care	374.91	93.73	18.75	4.69	23.44	70.29	889.31	222.33	44.47	11.12	55.59	166.74
Health New England	336.55	84.14	16.83	4.21	21.04	63.10	833.61	208.40	41.68	10.42	52.10	156.30
Neighborhood Health Plan	328.14	82.04	16.41	4.10	20.51	61.53	868.79	217.20	43.44	10.86	54.30	162.90

MEDICARE PLANS

Medicare Plans						
Name of Health Plan	Medicare	Gross Amt.	Federal	State	Federal	Net
	Full	25% of	Tax	Tax	Plus	
	Cost	F/C Med.	(20%)	(5%)	State Tax	Amount
Commonwealth Indemnity Medicare Extension Plan (OME)	\$376.81	\$94.20	\$18.84	\$4.71	\$23.55	\$70.65
Fallon Senior Plan Preferred	217.25	54.31	10.86	2.72	13.58	40.73
Harvard Pilgrim Health Care: First Seniority	234.49	58.62	11.72	2.93	14.65	43.97
Health New England MedRate	373.33	93.33	18.67	4.67	23.34	69.99
Tufts Health Plan: Medicare Complement	289.00	72.25	14.45	3.61	18.06	54.19
Tufts Health Plan: Secure Horizons	182.26	45.57	9.11	2.28	11.39	34.18

Note: The Medicare full cost rates do not include the Medicare Part B premium.